

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-008787

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1804

VS 300
Rev. 4/59

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83

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

CLEAR THRU CORNERS OFFICE DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

FILED FEB 23 1962

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN ST. LOUIS, MISSOURILength of stay in 1b
40 MINUTESc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION VAH, 915 NO. GRAND AVE.Inside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE ILLINOIS b. COUNTY

c. CITY OR TOWN COLUMBIA

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
113 W. LOCUSTReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

RONALD D. STAUSS

4. DATE OF DEATH

Month

Day

Year

2/9/62

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8/25/94

9. AGE (last birthday)

67

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
RETIRED GOVT. INSPECTOR

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

RACINE, WISCONSIN

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

WILLIAM STAUSS

13b. MOTHER'S MAIDEN NAME

MAMIE BEWS

14. NAME OF HUSBAND OR WIFE

LENORA STAUSS

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

YES

WW-I

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

LENORA STAUSS (WIDOW) SEE #2

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

MYOCARDIAL INFARCTION

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which have rise to above cause (a), stating the underlying cause (b).

DUE TO (b)

ARTERIOSCLEROTIC HEART DISEASE

DUE TO (c)

420.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. Attended the deceased from 2/9/62 to 2/9/62 and last saw him alive on 2/9/62
Death occurred at 11:25 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

A. H. ELLIS (Degree or title)

M.D.

22b. ADDRESS

VAH, ST. LOUIS, MO.

22c. DATE SIGNED

2/9/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Removal train 2-12-62

Racine, Wisc.

24. FUNERAL DIRECTOR

ADDRESS

Southern Funeral Home

25. DATE RECD. BY LOCAL REG.

FEB 12 1962

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Spencer C. Hill

Licensed Embalmer No. 4347

P. O. Address 6322 So Grand

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.